

Revised 03/06 WDNV

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

**FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)**

13cv6376 Se

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.

1. DAMONE Taree Savage #41776

2. _____

-VS-

B. Full Name(s) of Defendant(s) NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. Michael Acquino

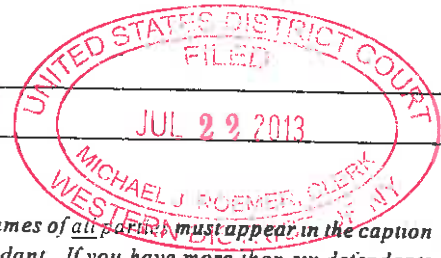
2. MARK Hamilton

3. MARK White

4. OR: Jeremy Connelly

5. 1st Deputy Superintendent Michael Pearson

6. E.C.H.C. Sheriff Timothy Howard / Medical STAFF



2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: DAMONE T. Savage #41776

Present Place of Confinement & Address: ERIE County Holding Center
40 DELAWARE AVE., Buffalo, New York 14202

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT'S INFORMATION NOTE: To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: Michael Aquino
 (If applicable) Official Position of Defendant: Buffalo Housing Police Officer
 (If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity
 Address of Defendant: Buffalo Housing Police Headquarters
312 PERRY ST. BUFFALO, N.Y.

Name of Defendant: MARK Hamilton
 (If applicable) Official Position of Defendant: Buffalo Housing Police Officer
 (If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity
 Address of Defendant: Buffalo Housing Police Headquarters
312 PERRY ST. BUFFALO, N.Y.

Name of Defendant: Jeremy Connelly
 (If applicable) Official Position of Defendant: Buffalo Police Officer
 (If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity
 Address of Defendant: Buffalo Police Headquarters
74 FRANKLIN ST. BUFFALO, N.Y. 14202

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
 Yes ☐ No ☒

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:
 Plaintiff(s): _____
 Defendant(s): _____
2. Court (if federal court, name the district; if state court, name the county): _____
3. Docket or Index Number: _____
4. Name of Judge to whom case was assigned: _____

DEFENDANT'S INFORMATION NOTE:

Name of Defendant: MARK White
 (If applicable) Official Position of Defendant: Buffalo Police officer
 (If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity
 Address of Defendant: Buffalo Police Headquarters
74 Franklin St, Buffalo, N.Y. 14202

Name of Defendant: Sheriff Timothy Howard
 (If applicable) Official Position of Defendant: Sheriff in charge of E.C.H.C.
 (If applicable) Defendant is sued in ☒ Individual and/or ☒ Official Capacity
 Address of Defendant: E.C.H.C.
40 Delaware Ave, Buffalo, N.Y. 14202

Name of Defendant: Michael Reardon
 (If applicable) Official Position of Defendant: Superintendent 1st Deputy
 (If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity
 Address of Defendant: ERIE County Holding Center
40 Delaware Ave, Buffalo, N.Y. 14202

Name of Defendant: Dr. Helein burger
 (If applicable) Official Position of Defendant: Doctor of E.R.I.E. County Medical
 (If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity STAFF
 Address of Defendant: ERIE County Holding Center
40 Delaware Ave, Buffalo, N.Y. 14202

Name of Defendant: G. Lupa Stabler
 (If applicable) Official Position of Defendant: Nurse
 (If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity
 Address of Defendant: ERIE County Holding Center
40 Delaware Ave, Buffalo, N.Y. 14202

Name of Defendant: _____
 (If applicable) Official Position of Defendant: _____
 (If applicable) Defendant is Sued in _____ Individual and/or _____ Official Capacity
 Address of Defendant: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes _____ No ☒

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to exhaust administrative remedies;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

☐ plaintiff

☐ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes _____ No ☒

If Yes, complete the next section. NOTE: *If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. District Court: _____

3. Docket Number: _____

4. Name of District or Magistrate Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes _____ No _____

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

- ☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- ☐ By court for failure to exhaust administrative remedies;
- ☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- ☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

- ☐ plaintiff
- ☐ defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|--------------------|------------------------|-------------------------------|
| • Religion | • Access to the Courts | • Search & Seizure |
| • Free Speech | • False Arrest | • Malicious Prosecution |
| • Due Process | • Excessive Force | • Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect | • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). **Fed.R.Civ.P. 10(b)** states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prison er confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) Officers did Arrest on January 18, 2013
 defendant (give the name and position held of each defendant involved in this incident) ofc. Micheal Acquino,
ofc. MARK Hamilton,

did the following to me (briefly state what each defendant named above did): Without any 911 calls or Probable Cause
On the date of 1/18/13, I was racially profiled by the above officers in the city of Buffalo, N.Y.
I was walking down the street with my two younger relatives Arquan simpson, Andre Osborne
when we observed officers across the street stopping a car for no reason. They drove along
side of us stopping there car begin asking questions at that time officer Hamilton got out of
the patrol car and begin asking for my relatives I.D. never turning to confront me at all, so
I continued to walk wway towards my destination. I turned the corner and the other cop persued
me by following me in his car then he drove over the curb onto the sidewalk to block my movement.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Violation of 4th Amendment
under U.S. Constitution Civil Rights, Illegal "Search & Seizure", Unlawful Imprisonment

The relief I am seeking for this claim is (briefly state the relief sought): Dismissal of Said
Charges that stem from Police misconduct of illegal Search &
Seizure, In addition to damages and punitive damages. 5 million

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? Held Suppression
Hearing on the Date's of April 25, 2013 and May 30, 2013 in County Court.
 Did you appeal that decision? ☐ Yes ☒ No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: I AM STILL WAITING
on the Ruling of Suppression Hearing by Hon. Judge Russell P. Buscaglia
In Erie County Court

A. SECOND CLAIM: On (date of the incident) January 18, 2013 6:30pm.
 defendant (give the name and position held of each defendant involved in this incident) ofc. Micheal Acquino
ofc. MARK Hamilton, ofc. MACK White, ofc. JEREMY Connelly

A.THRID CLAIM: On (date of the incident)- January 19, 2013;

defendant (give the name and position held of each defendant involved in this incident) E.C.H.C. Sheriff Timothy Howard, Superintendent Reardon, Medical Staff Dr. Hielinburger, Nurse G.Luma Stabler,

did the following to me (briefly state what each defendant above did): On the date of my entry into the E.C.H.C. I was Examined by nurse G.Luma Stabler on Jan. 19, 2013. I had multiple injuries to my eyes, face, head, left shoulder was in a sling, my left wrist needed stitches I multiple bruises to my knees, legs, hip and back. And she said I was fine and just was experiencing Head trauma and there was nothing wrong with me at all. I was also seen by Bradon a nurse practitioner who no longer works here, but at the time said that he could not help me because I needed to be seen by the facility Doctor told me that I had to request to see the Dr. Hielinburger. Which I in turn did for the course of three months before he came to my housing area to conduct an exam of my injuries upon my interview he apologized for his misconduct of not informing him of much needed exam. He requested that I be seen for my headaches by a neurologist and I still suffer to this day and have not been sent to such exam as of yet to this date. Also I spoke with Sup. Ind. Reardon personally on 6/13/13, I explained my condition and the pain that I am suffering each and everyday also the fact that the (E.C.M.C.) Dr. Micheal Roth confirmed that I need surgery to my left shoulder for an A.C. Joint Separation is also causing Extreme Pain and nerve damage lost of feeling to my left arm & hand.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: 8th Amendment U.S. Civil Rights: Denial of Medical Treatment

The relief I am seeking for this claim (briefly state the relief sought): For them to be required to pay all medical bills and \$5 million for "Cruel and UNUSUAL Punishment" for all the many months I have been in Pain.

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result

I WAS NEVER GIVEN ANY RESPONSE TO ANY GRIEVANCE OR REQUEST FORMS THAT I HAVE WRITTEN. Submitted on June 28, 2013 - 9:07 AM

Did you appeal that decision? ☐ Yes ☒ No If yes, what was the result?

WAS NEVER GIVEN ANY OPPORTUNITY TO APPEAL "DENIAL OF MEDICAL" GRIEVANCE 6/28/13

If you did not exhaust your administrative remedies, state why you did not so:

SINCE I HAVE BEEN HERE I HAVE BEEN GIVEN EMPTY PROMISES THAT I WILL RECEIVE MEDICAL TREATMENT FOR MY CONDITION AND BY THE SUPERINTENDANT AS WELL AS BOTH SGT. BAYLIS & SGT. R. DEE YET THEY NEVER RESPOND TO MY REQUESTS FORMS. ALSO I WAS TOLD BY DR. HIELINBURGER THAT AS LONG AS I AM IN THIS FACILITY I WILL NOT BE GIVEN ANY SURGERY FOR MY LEFT SHOULDER OR NERVE DAMAGE. INSTEAD I CAN ONLY GET MEDICATION

did the following to me (briefly state what each defendant named above did): Once ofc. Acquino, got out of his cop car ran over to me and begin chocking me threw me to the ground mased me in my mouth, eyes, nose. Then he punch me in my face several times pulled out his gun put it to my head told me he was gonna "blow my my brains out" I put my hands over my face and begin yelling for help at that time ofc. Hamilton stood over me with his gun drawn pointed at me told me "to move my hands or he would break my jaw" They They then cuffed my arms in two differant directions causing a A.C. Joint Seperation. Ofc. Acquino put his knee in my back and begin choking me from behind as other officers arrived and begin punching kicking me in my head and face also stomped me on my back. then held me in present for 4hrs. questing me.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Violation of both my 4th & 8th U.S. Constitutional Civil Rights Amendents, Personal Liberty & Excessive Force.

The relief I am seeking for this claim is (briefly state the relief sought): Compensatory Damages \$2.5 million for permanent injuries, Left shoulder, Left Arm, hand and Nerve damage, Head injuries, Punitive Damages \$2.5 million. Pain & Suffering mental anguish

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? The defendants was denied Any Wrong doings by The Internal Affairs Division on Feb. 16, 2013
Did you appeal that decision? ☐ Yes ☒ No If yes, what was the result? INTERVIEW WAS given by Lt. Robert Rosenswaig on 1/21/13 I.A.

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: Still Awaiting My Response from Suppression Hearing held on April 25 & May 30, 2013

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

I request That my entire case be reviewed by An Attorney. Upon so All Testimony given by Arresting officers At both Felony Hearing & Suppression Hearing. Thereafter That All charges pending against me be dismissed. That I receive compensation in the Amount of \$5 million per suit filed total of \$15 million for Pain & Suffering And mental Anguish. Also That The Personnel At ECHG be Subjected To Penalty for misconduct.

Do you want a jury trial? Yes ☒ No ☐

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7/11/13
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

MR. Damone Taree Savage
DAMONE TAREE SAVAGE

Signature(s) of Plaintiff(s)

Erie County Department of Health (ECDOH)

Division of Public & Correctional Health

SICK CALL REQUEST**INMATE SECTION: (Inmate to complete this section only)**

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: Savage
ApellidoFirst name: DAMONE
Primer NombreICN: 41776
Preso No. CorreccionalD.O.B.: 6/25/77
Fecha de nacimientoSex: ☒ M ☐ F
Sexo Hombre MujerLocation: Holding Center
UbicacionDate of Request: 1/19/13
Fecha de solicitudTime of Request: 8:30 AM (hrs)
Tiempo de solicitudRightReason for Request:
Razon de solicitud

I HAVE BLURRED VISION IN MY ~~RIGHT~~ EYE
 HAVING A HARD TIME SEEING OUT OF MY RIGHT EYE. I
 WAS KICKED REPEATEDLY IN MY HEAD, BACK AND LEGS BY
 ARRESTING OFFICERS. I ALSO HAVE A ALLERGIC REACTION TO BEEF,
 THEREFORE I CANNOT EAT IT. I WAS INJURED IN A
 CAR ACCIDENT WHERE I SUFFERED BOTH BENDING DISC IN MY
 NECK AND INJURY TO MY LUMBAR DISC IN MY LOWER BACK.
 I TAKE MEDICATION FOR THESE INJURIES AND ALSO AM REQUESTING
 A ADDITIONAL MATTRESS TO AVOID FURTHER PAIN AND MUSCLE SPASMS
 WHICH I OFTEN HAVE NOT HAVE BEEN TAKING FLEXIBLE.
 YOUR HELP IN THIS MATTER WILL BE HIGHLY APPRECIATED.
 MR. Savage

TRIAGE SECTION: Triaged By: _____

Disposition:

Date/Time
Received

- ☐ Immediate Evaluation
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

Erie County Department of Health (ECDOH)

Division of Public & Correctional Health

SICK CALL REQUEST**INMATE SECTION: (Inmate to complete this section only)**

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: SAVAGE
ApellidoFirst name: DAMONE
Primer NombreICN: 41776
Preso No. CorreccionalD.O.B.: 6/25/77
Fecha de nacimientoSex: ☒ M ☐ F
Sexo Hombre MujerLocation: ENE-93
UbicacionDate of Request: 1/22/13 Time of Request: 8:00 (hrs)
Fecha de solicitud Tiempo de solicitudReason for Request:
Razon de solicitud

I Need To Be Seen By THE
Doctor in regards to my Right
Eye THAT WAS INJURED by the Police. I
Also have SKIN peeling from my FACE on my
Right side of face NEAR my AND Right cheek and
CHIN. I Need something To prevent
A infection from occurring. I have blurred
vision AND need to be treated I keep
seeing spots in my eye. (Sgt. Dee) said To drop
ANOTHER sick call slip until I'm treated!!

PLEASE & THANK YOU MR. Savage

TRIAGE SECTION: Triage By: _____

Disposition:

Date/Time
Received

- ☐ Immediate Evaluation.
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

Erie County Department of Health (ECDOH)

Division of Public & Correctional Health

SICK CALL REQUEST**INMATE SECTION: (Inmate to complete this section only)**

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: SAVAGE First name: DAMONE ICN: 41776
 Apellido Primer Nombre Preso No. Correccional

D.O.B.: 6/25/77 Sex: ☒ M ☐ F Location: ENE #93
 Fecha de nacimiento Sexo Hombre Mujer Ubicacion

Date of Request: 1/26/13 Time of Request: 5:00 (hrs)
 Fecha de solicitud Tiempo de solicitud

Reason for Request: I need to see the
 Razon de solicitud "DOCTOR" NOT The Nurse.

I AM IN extreme PAIN in both my shoulder
 AND lower back. Need stronger medication.
 Also need for you to change my time
 for prosec to nights instead of A.M.
 I have heart burn in my chest when I lay
 down at night. Not while I'm up during
 the day. I need something to make me sleep
 A substitute for "Ambien" which I take at home
 up all night without it. THANK YOU MR. Savage

TRIAGE SECTION: Triageed By: _____

Disposition:

Date/Time
Received

- ☐ Immediate Evaluation
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

Erie County Department of Health (ECDOH)

Division of Public & Correctional Health

SICK CALL REQUEST**INMATE SECTION: (Inmate to complete this section only)**

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: SAUNGE First name: DANIEL ICN: 41776
 Apellido Primer Nombre Preso No. Correccional

D.O.B.: 6/25/77 Sex: ☒ M ☐ F Location: IN5493
 Fecha de nacimiento Sexo Hombre Mujer Ubicacion

Date of Request: 2/13/13 Time of Request: 9:00 (hrs) TO: DR. H
 Fecha de solicitud Tiempo de solicitud

Reason for Request: I AM writing to have my prescription
 Razon de solicitud refilled for Flexal I have continuous muscle
spasms both in my back & feet I have bulging disks in my
neck & also my lumbar spine was badly injured due to car accident.
In Addition upon my ARREST Police did kick in
struck me upon the head numerous times I have been
having strong migraines in the back of my head travels
to my temples causing blurred vision and is non-stop
through out the day. The pain is unbearable At times
and my skull is in fact sensitive to a mere touch where
the pain is located. I have requested numerous occasions to
speak with the DR. H of the facility yet I've only been reviewed by the

Nurse

TRIAGE SECTION: Triaged By: _____

Disposition:

Date/Time
Received

- ☐ Immediate Evaluation
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

SICK CALL REQUEST

INMATE SECTION: (Inmate to complete this section only)

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: Savage First name: DAMON ICN: 41576
 Apellido Primer Nombre Preso No. Correccional

D.O.B.: 6/25/77 Sex: ☒ M ☐ F Location: ENE # 93
 Fecha de nacimiento Sexo Hombre Mujer Ubicacion

Date of Request: 3/16/13 Time of Request: 8:00 AM (hrs)
 Fecha de solicitud Tiempo de solicitud

Reason for Request: I AM STILL HAVING SEVERE
 Razon de solicitud HEADACHES CAUSED FROM OFFICERS
KICKING & BEATING ME IN THE HEAD UPON MY
ARREST. I HAVE MADE NUMEROUS ATTEMPTS
TO BE SEEN BY DCH. FOR THE NURSES HAVE
ALL TOLD ME THAT I NEED TO SPEAK WITH YOU
ABOUT THESE HEADACHES AND PAIN I HAVE BEEN HAVING
ALSO I NEED SOMETHING TO MAKE ME SLEEP AS I CANNOT
SLEEP AT ALL DUE TO PAIN IN BOTH MY SHOULDER
AND NECK & LOWER BACK. YOUR HELP IN THIS MATTER
WILL BE HIGHLY APPRECIATED. THANK YOU.
MR. Savage

TRIAGE SECTION: Triage By: _____

Disposition:

Date/Time
 Received

- ☐ Immediate Evaluation
☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
☐ Dental Referral
☐ RN Assessment (face to face)
☐ Referral to Forensics/Mental Health
☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

SICK CALL REQUEST**INMATE SECTION: (Inmate to complete this section only)**

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: SAVAGE First name: DAIMONE ICN: 41776
 Apellido Primer Nombre Preso No. Correccional

D.O.B.: 6/25/77 Sex: ☒ M ☐ F Location: ENE-93
 Fecha de nacimiento Sexo Hombre Mujer Ubicacion

Date of Request: 4/16/13 Time of Request: 1:00 PM (hrs)
 Fecha de solicitud Tiempo de solicitud

Reason for Request: TO DOCTOR; H
 Razon de solicitud

I AM WRITING IN REGARDS TO THE
EXTREME "HEADACHES" I AM CONTINUING TO HURT
MY SHOULDER THAT WAS INJURED UPON MY ARREST
IS CONSTANTLY IN PAIN BOTH IN BACK AREAS OF MY
SHOULDER BLADE AND MY LEFT SHOULDER ~~THAT~~ AS WELL.
THE PAIN IS UNBEARABLE AT TIMES AND KEEPS ME UP ALL
THROUGH THE NIGHT I AM FINDING IT HARDER TO COPE
WITH THE AS EACH DAY GOES BY. YOUR HELP WOULD
HAVE BOILS ON MY FACE STILL THE ANTIBIOTICS HIGHLY APPRECIATED
DID NOT WORK AT ALL AREAS ON FACE AND NECK IS STILL INFECTED

TRIAGE SECTION: Triaged By: _____

Disposition:

Date/Time
Received

- ☐ Immediate Evaluation
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

SICK CALL REQUEST**INMATE SECTION: (Inmate to complete this section only)**

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: SAVAGE First name: JAMILE ICN: 91716
 Apellido Primer Nombre Preso No. Correccional

D.O.B.: 6/25/77 Sex: ☒ M ☐ F Location: ECDC
 Fecha de nacimiento Sexo Hombre Mujer Ubicacion

Date of Request: 5/4/13 Time of Request: 12:11 (hrs)
 Fecha de solicitud Tiempo de solicitud

Reason for Request:

Razon de solicitud IR-4
I AM still experiencing HEADACHES AND THAT
HASNT changed After 4 months. Also still HAVING shooting PAIN
in my Left Shoulder And swelling is increasing. Need To be
Seen by a specialist AS Soon AS possible.

Still Need something for my painkiller in my neck and
also my spine. I am at balance in family crisis.

Thank you MR. DeSavage

TRIAGE SECTION: Triaged By: _____**Disposition:**

Date/Time
Received

- ☐ Immediate Evaluation
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

Erie County Department of Health (ECDOH)

Division of Public & Correctional Health

SICK CALL REQUEST**INMATE SECTION: (Inmate to complete this section only)**

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: Salvage
ApellidoFirst name: DAMONE
Primer NombreICN: 41776
Preso No. CorreccionalD.O.B.: 6/25/72
Fecha de nacimientoSex: ☒ M
Sexo Hombre☐ F
MujerLocation: ENE #93
UbicacionDate of Request: 5/13/13
Fecha de solicitudTime of Request: 5:00 PM (hrs)
Tiempo de solicitudReason for Request:
Razon de solicitud

To be given some medicine for the
pain in my left shoulder
And new low back. Also to receive allergic
medicine for my seasonal allergies - red eyes and running
nose.

TRIAGE SECTION: Triageed By: _____

Disposition:

Date/Time
Received

- ☐ Immediate Evaluation
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

SICK CALL REQUEST**INMATE SECTION: (Inmate to complete this section only)**

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: Savage First name: DAMONE ICN: 41776
Apellido Primer Nombre Preso No. CorreccionalD.O.B.: 6/25/77 Sex: ☒ M ☐ F Location: ENVE #93
Fecha de nacimiento Sexo Hombre Mujer UbicacionDate of Request: 5/19/13 Time of Request: 7:00 PM (hrs)
Fecha de solicitud Tiempo de solicitudReason for Request: TO: DR. H
Razon de solicitud

I'm writing in regards to my last doctor appointment when I was told by yourself that you were gonna give me something stronger for my pain in both my shoulder and lower back. For I have not had any change in my medication nor has the pain stopped in any way / shape form or fashion. Nor has the swelling gone down. Also you said if needed you were gonna give me a extension for my cream for my skin rash on my face, but I have not received that either.

TRIAGE SECTION: Triage By: _____

Disposition:

Date/Time
Received

- ☐ Immediate Evaluation
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

SICK CALL REQUEST

INMATE SECTION: (Inmate to complete this section only)

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: SAVAGE
Apellido

First name: DAMONE
Primer Nombre

ICN: 41776
Preso No. Correccional

D.O.B.: 6/25/77
Fecha de nacimiento

Sex: ☒ M ☐ F
Sexo *Hom* *Fem*

OF

Location: ENE-93
Ubicacion

Date of Request: 6/2/13
Fecha de solicitud

Time of Request: 10:00AM (hrs)
Tiempo de solicitud

Reason for Request:
Razon de solicitud

Dr. Abramowitz

Razon de solicitud

Continued shooting & throbbing pain my left shoulder and also my neck.

In-Addition I am having A allergic reaction
to the skin care medication "Retinol" Peptide by
face is extremely dried out and it burns. Need
something to stop skin irritation.

THANK YOU INTIMATE
MR. Savage

TRIAGE SECTION: Triage By: _____

Disposition:

Date/Time Received

- ☐ Immediate Evaluation
☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
☐ Dental Referral
☐ RN Assessment (face to face)
☐ Referral to Forensics/Mental Health
☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

Erie County Department of Health (ECDOH)

Division of Public & Correctional Health

SICK CALL REQUEST**INMATE SECTION:** (Inmate to complete this section only)**Preso seccion:** (El preso, (La presa) a completar esta seccion)

Last name: Savage First name: Damon ICN: 41776
 Apellido Savage Primer Nombre Damon Preso No. Correccional 41776

D.O.B.: 6/25/77 Sex: ☒ M ☐ F Location: ENG-93
 Fecha de nacimiento Sexo Hombre Mujer Ubicacion

Date of Request: 6/15/13 Time of Request: 12:40 PM (hrs)
 Fecha de solicitud Tiempo de solicitud

Reason for Request: ★ TO BE SEEN BY DR. H/★ A.S.A.P.
 Razon de solicitud IN REGARDS TO THE PAIN I

HAVE IN MY HEAD STILL ALSO THE NUMBNESS
AND PAIN I KEEP HAVING IN MY LEFT ARM AND
LEFT SHOULDER IT IS CONSTANT AND UNBEARABLE
PLEASE I NEED STRONGER MEDICINE OR A DATE FOR
SURGERY THE PAIN IS INCREASING BY THE DAY!!

YOUR HELP IN THIS MATTER WILL BE
Highly Appreciated.
MR. Savage

TRIAGE SECTION: Triage By: _____

Disposition:

Date/Time
Received

- ☐ Immediate Evaluation
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

Erie County Department of Health (ECDOH)

Division of Public & Correctional Health

SICK CALL REQUEST**INMATE SECTION: (Inmate to complete this section only)**

Preso seccion: (El preso, (La presa) a completar esta seccion)

Last name: SAVAGE First name: DAMONE ICN: 41776
 Apellido Primer Nombre Preso No. Correccional

D.O.B.: 6/25/77 Sex: ☒ M ☐ F Location: ENE 2193
 Fecha de nacimiento Sexo Hombre Mujer Ubicacion

Date of Request: 6/25/13 Time of Request: 10:00 AM (hrs)
 Fecha de solicitud Tiempo de solicitud

Reason for Request: TO Be seen by DR. Heilenburger
 Razon de solicitud .. IN Regards to the continuous
headaches and the pain that I am
having in my left shoulder also
lower BACK I have been waiting to be
seen for my headaches by a neurologist
since last April the pain is extreme
and non-stop. I am in severe pain
regarding my left shoulder also. your help
would be highly
appreciated.
Thank you, Mr. Savage

TRIAGE SECTION: Triageed By: _____

Disposition:

Date/Time
Received

- ☐ Immediate Evaluation
- ☐ Sick Call (Priority ☐ 1 ☐ 2 ☐ 3)
- ☐ Dental Referral
- ☐ RN Assessment (face to face)
- ☐ Referral to Forensics/Mental Health
- ☐ No Provider Visit Necessary (Needs comment)

COMPLETION: Date: ____/____/____ Time: ____ (hrs)

Print Name: _____ Signature: _____

ERIE COUNTY SHERIFF'S OFFICE
JAIL MANAGEMENT DIVISION

TO: Supt. Reardon

TO: _____
SPT: _____
DEP. SUPT.: _____
LIEUTENANT SERGEANT: _____
CLERK: _____
SPECIAL SERVICE OFFICER: _____
CHAPLAIN: _____
NOTARY: _____
PRE-TRIAL: _____
CLINIC: _____
OTHER (SPECIFY): _____
DATE: 6-16 20 13 TIME 8 AM PM HOUSING UNIT: 93
INMATE'S NAME: S. Savage CELL #: 93
ICN#: 41776
OFFICER SIGNATURE: _____
BADGE NO.: 1416

REQUEST: I have written 3 slips to Sergeants asking for a phone call with no response. I would like a phone call in regards to a surgery that I am in desperate need on my shoulder. Dr. Hilleburger is fully aware of my situation. I am interested in Judge Buseigaller to schedule my appt with FCMC and he will consider my release when certain of my appt. My doctor is Michael Reardon (898-3414) please help. I am in a lot of pain and need to get it taken care of. Thank you for any help you can give.

NO RESPONSE Mr. Savage

IF YOU WISH TO FILE A GRIEVANCE,
PLEASE REFER TO THE INMATE HANDBOOK
ON PROPER PROCEDURE TO FILE.

ERIE COUNTY SHERIFF'S OFFICE
JAIL MANAGEMENT DIVISION

TO:

TO: _____
SPT: _____
DEP. SUPT.: _____
LIEUTENANT SERGEANT: _____
CLERK: _____
SPECIAL SERVICE OFFICER: _____
CHAPLAIN: _____
NOTARY: _____
PRE-TRIAL: _____
CLINIC: _____
OTHER (SPECIFY): _____
DATE: June 11 20 13 TIME 330 AM PM HOUSING UNIT: ENE
INMATE'S NAME: Damone Savage CELL #: 93
ICN#: 41776
OFFICER SIGNATURE: _____
BADGE NO.: 1416

REQUEST: Phone call to E.C.M.C. To schedule surgery of left shoulder as advised by Judge Buseigaller. Today in court in order to determine my release. Michael Reardon 898-3414 orthopedic surgeon E.C.M.C. Also my lawyer to give him scheduled date. Douglas Stiller (716) 856-4400 THANK YOU, Mr. Savage

DISPOSITION:

NO RESPONSE

IF YOU WISH TO FILE A GRIEVANCE,
PLEASE REFER TO THE INMATE HANDBOOK
ON PROPER PROCEDURE TO FILE.

ERIE COUNTY SHERIFF'S OFFICE
JAIL MANAGEMENT DIVISION

TO: Sheriff Timothy B. Howard

SUPT. _____
LIEUTENANT SERGEANT: _____
CHAPLAIN: _____

NOTARY: _____
PRE-TRIAL: _____

DATE: 6/30 20 13 TIME: 7:20 AM PM HOUSING UNIT: ENE
INMATE'S NAME: D'AMORE SAVAGE 93

IC# 41776
OFFICER SIGNATURE: _____ BADGE NO. 1409

REQUEST: I AM WRITING TO YOU TO INFORM YOU THAT UPON MY ARREST I SUSTAINED SERIOUS INJURIES BY ARRESTING OFFICERS ON 1/18/13. I HAVE MADE MANY REQUEST TO RECEIVE TREATMENT TO MEDICAL FOR MY LEFT SHOULDER, WRIST AND HEADACHES. WHERE I IN FACT NEEDED SURGERY TO MY LEFT SHOULDER. I HAVE BEEN DENIED ANY FURTHER MEDICAL ATTENTION FROM YOUR STAFF. THE ENTIRE MONTH OF JUNE. I HAVE SPOKE TO BOTH SGT. DEED BAIS AS WELL AS SUPERINT. REAGAN YET THEY HAVE NOT HELPED AT ALL.

DISPOSITION: NO RESPONSE

IF YOU WISH TO FILE A GRIEVANCE,
PLEASE REFER TO THE INMATE HANDBOOK
ON PROPER PROCEDURE TO FILE.

JMD-24 (Rev. 01/11) MY MARCH IS IN YOUR HANDS!!

ERIE COUNTY SHERIFF'S OFFICE
JAIL MANAGEMENT DIVISION

TO: Sargent. Need Phone Call Important
* Dee & Webster *

SUPT. _____
LIEUTENANT SERGEANT: _____
CHAPLAIN: _____

NOTARY: _____
PRE-TRIAL: _____

DATE: 6/12/13 20 13 TIME: 6:00 AM PM HOUSING UNIT: ENE
INMATE'S NAME: D'AMORE SAVAGE CELL #

IC# 41776
OFFICER SIGNATURE: _____ BADGE NO. 1380

REQUEST: Need to make important call concerning my medical condition. Also Attorney. Dr. Roth 176898-3414 orthopedics

Att. Douglas Stiller
716 856-4400

DISPOSITION: NO RESPONSE

IF YOU WISH TO FILE A GRIEVANCE,
PLEASE REFER TO THE INMATE HANDBOOK
ON PROPER PROCEDURE TO FILE.

JMD-24 (Rev. 01/11)